

BRAND & KELTON-BRAND, PH.D., P.A.

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Patient Acknowledgment of Receiving the Notice of Privacy Practices for Brand & Kelton-Brand, Ph.D., P.A.

I understand that as part of my health care, Brand and Kelton-Brand, Ph.D., PA, originates and maintains paper and/or electronic records describing my health history, symptoms, examination and test results, diagnosis, treatment, and any plans for future care or treatment. I understand that this information serves as:

- o A basis for planning my care and treatment.
- o A means of communication among the many health professionals who contribute to my care.
- o A source of information for applying my diagnosis and other information to my bill.
- o A means by which third-party payors can verify that services billed were actually provided, and
- o A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professions.

I wish to have the following restrictions on the use or disclosure of my health information (list any desired restrictions, otherwise leave blank):

By signing below, I acknowledge that I have received a copy of the Notice of Privacy Practices for Brand & Kelton-Brand, Ph.D., P.A.

Patient's or Parent's/Guardian's Signature

Printed Name of Patient

Date

NOTICE OF PRIVACY PRACTICES

Notice of Brand & Kelton-Brand, Ph.D., P.A.'s Policies and Practices to Protect the Privacy of Your Health Information

THIS INFORMATION DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment and Health Care Operations

Your doctor may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that your doctor receives from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.
- “Treatment, Payment and Health Care Operations”
 - Treatment is when your doctor provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your doctor consults with another healthcare provider, such as your family physician, another psychologist or psychiatrist.
 - Payment is when your doctor obtains reimbursement for your healthcare. Examples of payment are when your doctor discloses your PHI to your health insurer to help you obtain reimbursement for your health care or to determine eligibility or coverage.
 - Health Care Operations are activities that relate to the performance and operation of this practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within this office and practice, such as releasing, transferring or providing access to information about you to other parties. An example of “use” would be when our administrative staff types up an evaluation report.
- “Disclosure” applies to activities outside of this office and practice, such as releasing, transferring, or providing access to information about you to other parties. An example of disclosure would be talking to a teacher or guidance counselor about a child or teenage patient.

II. Uses and Disclosures Requiring Authorization

Your doctor may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures.

In those instances when your doctor is asked for information for purposes outside of treatment, payment and health care operations, he/she will obtain an authorization before releasing your PHI.

Your doctor will obtain written authorization for PHI in any way that is not described in this notice.

Your doctor also keeps a set of “Psychotherapy Notes”. These notes are given a greater degree of protection than PHI. These Notes are for your doctor’s use and are designed to assist him/her in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of conversations, analysis of these conversations, and how they impact on your therapy. They contain particularly sensitive information that you may reveal to your doctor that is

not required to be included in your PHI. They also include information from others provided to your doctor confidentially. These conversations may have taken place during a private, group, joint, or family counseling session. These Psychotherapy Notes are kept separate from your PHI. Your Psychotherapy Notes are not available to you and cannot be sent to anyone else, including insurance companies and attorneys, without your written, signed authorization. Insurance companies cannot require your authorization as a condition of coverage and not penalize you in any way for your refusal to provide it. At your doctor's discretion this information could only be released with your written, signed Authorization.

Your doctor will obtain written authorization for PHI for marketing purposes (e.g., sending newsletters or communications to you about new services being offered).

You may revoke all such authorizations of PHI (or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your doctor has already acted in reliance on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Your doctor will provide a typed report for testing evaluations, which is included in the fee. Requests for edited versions of this report, letters, treatment summaries, requests for accommodations, etc. will be provided only at the sole discretion of your doctor and will incur an additional fee. Your doctor reserves the right to decline such requests.

III. Uses and Disclosures with Neither Consent nor Authorization

Your doctor may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If your doctor knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare, the law requires that he/she report such knowledge or suspicion to the Florida Department of Child and Family Services.
- **Adult and Domestic Abuse:** If your doctor knows, or has reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, he/she is required by law to immediately report such knowledge or suspicion to the Central Abuse Hotline.
- **Health Oversight:** If a complaint is filed against your doctor with the Florida Department of Health on behalf of the Board of Psychology, the Department has the authority to subpoena confidential mental health information from him/her relevant to that complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and your doctor will not release information without the written authorization of you or your legal representative, or a subpoena or court order of which you have been properly notified and you have failed to inform your doctor that you are opposing the subpoena or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** When you present a clear and immediate probability of physical harm to yourself, to other individuals, or to society, your doctor may communicate relevant information concerning this to the potential victim, appropriate family member, or law enforcement or other appropriate authorities.
- **Worker's Compensation:** If you file a worker's compensation claim, your doctor must, upon request of your employer, the insurance carrier, an authorized qualified rehabilitation provider, or the attorney for the employer or insurance carrier, furnish your relevant records to those persons.

- **When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law.** This includes narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions, such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- *Right to Request Restrictions* - You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, your doctor is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen here. Upon your request, your bill can be sent to another address.)
- *Right to Inspect and Copy* - You have the right to inspect or obtain a copy (or both) of your PHI for as long as the PHI is maintained in the record.
- *Right to Amend* - You have the right to have the doctor amend PHI due to factual inaccuracies for as long as the PHI is maintained. This request must be made in writing. On your request, the doctor will discuss with you the details of the amendment process. Your doctor is not obligated to amend clinical interpretations or diagnostic impressions.
- *Right to an Accounting* - You generally have the right to receive an accounting of disclosures of your PHI that you did not specifically consent to nor authorize. On your request, your doctor will discuss with you the details of the accounting process.
- *Right to a Paper Copy* - You have the right to obtain a paper copy of this notice from your doctor upon request.
- *Right to Restrict Disclosures when You Have Paid for Your Care Out of Pocket.* You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for your doctor's services.
- *Right to be Notified if There is a Breach of Your Unsecured PHI.* You have a right to be notified if: (a) There is a breach (a use or disclosure of your PHI in violation of the HIPAA Policy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Psychologist's Duties:

- Your doctor is required by law to maintain the privacy of PHI and to provide you with a notice of his/her legal duties and privacy practices with respect to PHI.
- Your doctor has the duty to respond to your written requests and authorizations within a timely manner.
- Your doctor may deny access to PHI under certain circumstances. You will be informed in writing in a timely manner regarding any denial of access and the process for having the denial reviewed.
- Your doctor reserves the right to change the privacy policies and practices described in this notice.

and to make new notice provisions effective for all PHI that are maintained. Unless you are notified of such changes, however, your doctor is required to abide by the terms currently in effect.

- If the policies and procedures are revised, you will be provided with written notice by mail when a request is made.

V. Complaints

If you are concerned that your doctor has violated your privacy rights, or you disagree with a decision that was made about access to your records, you may contact Arthur H. Brand, Ph.D. or Ana Kelton-Brand, Ph.D. at (561) 883-7304.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The doctors listed above can provide you with the appropriate address upon request.

VI. Effective Date

This notice will go into effect on April 14, 2003.

This notice was modified on September 20, 2013.

This notice was modified on September 5, 2019.